# MARINETTE COUNTY COMMITTEE MEMBER EXPENSE ACCOUNT STATEMENT

VENDOR NUMBER	
NAME	
COMMITTEE	

	OFFICIAL BUSINESS	OVERNITE	EL PER	TRANSPORTATION		OTHER EXPENSES		DAY
DATE	MUST BE SPECIFICALLY STATED	TRAVEL YES/NO		MILES	AMOUNT	DESCRIBE	AMT	TOTAL
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QUALIFIED MEALS (Subtotal from reverse side)	-
NON-QUALIFIED MEALS (Subtotal from reverse side)	-

# TOTAL EXPENDITURE

#### **CLAIMANT'S STATEMENT**

I declare, under penalties of perjury, this account of expenses is true and correct and in conformity with Marinette County's reimbursement of expense policy. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my duties. I also declare, the meal reimbursement listed meets the definition of a business meal deduction as defined under IRS Publication 463

Date	Claimant's Signature	
	9	
Approved By		

## **Lodging Reimbursement Maximum**

2023 State of Wisconsin standard rate :

1/1/23 - 12/31/23

\$96.00 per night

The maximum allowed for overnight lodging shall be the current State rate unless that rate is unavailable. If the State rate is unavailable, reimbursement shall be based on the receipt amount.

## **Mileage Reimbursement Maximum**

Subject to current IRS rate 1/1/23 - 12/31/23

\$0.655 per mile